IODAY Form RUN, Run-in Visit Inventory				
		RELEAS	SEID MVISIT	
Re	elease Participant ID		Release Visit Number	
1.	Days since randomizati	ion:		DAYS
Instructions: This form is completed during the run-in period.				
Physical Exam Measurements				
2.	Seated arm blood press	sure		
	a. Systolic Blood Press	sure	mmHg	SBP
	b. Diastolic Blood Pres	sure	mmHg	DBP
3.	Anthropometrics			
	a. BMI	₁ ≤32.0000		BMI
	b. BMI Percentile	₁ <98.5	₂ ≥98.5	BMIPCT
	c. BMI Z-score	₁ ≤2.2000		BMIZ